

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name COLONIAL MEDICAL MANAGEMENT CORP

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0765464

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	CARR 402 KM 1.8 BO. MARIAS Anasco, PR 00610 Number, Street, City, State & ZIP Code	PO BOX 1716 Anasco, PR 00610 P.O. Box, Number, Street, City, State & ZIP Code
	Anasco County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify:

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (if known)

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**1491****8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☐ No.☒ Yes.

If more than 2 cases, attach a separate list.

District **PUERTO RICO DISTRICT**When **3/13/17**Case number **14-01922**

District

When

Case number

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

Relationship

District

When

Case number, if known

Debtor **COLONIAL MEDICAL MANAGEMENT CORP** Case number (if known) \_\_\_\_\_  
 Name

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **COLONIAL MEDICAL MANAGEMENT CORP** Case number (if known) \_\_\_\_\_  
Name**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 21, 2017**  
MM / DD / YYYY**X /s/ LUIS JORGE LUGO VELEZ**

Signature of authorized representative of debtor

**LUIS JORGE LUGO VELEZ**

Printed name

Title **PRESIDENT****18. Signature of attorney****X /s/ ADA M. CONDE, ESQ.**

Signature of attorney for debtor

Date **November 21, 2017**

MM / DD / YYYY

**ADA M. CONDE, ESQ.**

Printed name

**1611 Law and Justice for All, Inc.**

Firm name

**PO Box 11674****San Juan, PR 00908-3268**

Number, Street, City, State &amp; ZIP Code

Contact phone \_\_\_\_\_

Email address \_\_\_\_\_

**USDCPR206209**

Bar number and State

**Fill in this information to identify the case:**

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**  
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADVANCE RADIOLOGY PO BOX 4129 Mayaguez, PR 00681						\$9,388.00
AIREL LUIS TORRES RIVERA PO BOX 1415 Sabana Grande, PR 00637		PROFESIONAL SERVICES				\$6,174.00
ALLIED COMPUTER SERVICES INC. PO BOX 3320 Caguas, PR 00726-3320		SERVICES				\$10,000.00
BECKMAN COULTER PUERTO RICO INC. PO BOX 742075 Atlanta, GA 30384		MATERIALS				\$26,959.00
CARLA VANESSA CASTRO MD 37 BELLA VISTA GARDENS Mayaguez, PR 00680		PROFESSIONAL SERVICES				\$3,780.00
DEPARTAMENTO DEL TRABAJO NEGOCIADO SEGURIDAD DE EMPLEO AVE. MUNOZ RIVERA 505 San Juan, PR 00919		LABOR -ESTIMATED	Disputed			\$5,000.00
DIAGNOSTIC IMAGING SUPPLIES & SERV PO BOX 11923 San Juan, PR 00922		SERVICES				\$11,559.34

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GUMEDIC HOSPITAL SUPPLIES HC-7 BOX 25200 Mayaguez, PR 00680		SUPPLIES				\$12,505.71
HOSPIRA PUERTO RICO LLC PO BOX 71365 San Juan, PR 00936		SUPPLIES				\$4,017.78
KRK MEDICAL PO BOX 367391 San Juan, PR 00936		SUPPLIES				\$4,090.13
LEASE OPTION COMPANY INC. PO BOX 40851 San Juan, PR 00940		LEASE DEFICIENCY - DISPUTED	Disputed			\$265,913.00
LISMARY TORRES RODRIGUEZ URB. ALTURAS DE YAUCO M21 CALLE 7 Yauco, PR 00698		SERVICES				\$4,366.00
LUIS LUGO VELEZ MD PO BOX 712 Mercedita, PR 00715		CAPITAL				\$251,638.88
MEDICAL & VACCINE PRODUCTS INC DBA DE VICTORIA MEDICAL PO BOX 7468 Caguas, PR 00726		SUPPLIES				\$7,101.52
MEDIX CORP PO BOX 363 Mercedita, PR 00715		SERVICES				\$6,550.00
MUNICIPIO DE ANASCO PO BOX 1385 Anasco, PR 00610-1385		MEDICAL FACILITIES LEASE	Disputed			\$659,399.99
POPULAR AUTO PO BOX 366818 San Juan, PR 00936-6818		LEASE DEFICIENCY - ESTIMATED	Disputed			\$10,000.00
SABIAMED PO BOX 6150 Caguas, PR 00726		SERVICES				\$5,895.00
UMECO, INC. PO BOX 195536 San Juan, PR 00919		SUPPLIES				\$8,139.85

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
UNIVERSAL CARE CORP PO BOX 1051 Sabana Seca, PR 00952		SUPPLIES				\$3,838.71

COLONIAL MEDICAL MANAGEMENT CORP  
PO BOX 1716  
ANASCO, PR 00610

RENDIA SOTO VALLE  
HC 60 BOX 15373  
AGUADA, PR 00602

DRUGS UNLIMITED  
PO BOX 11797  
SAN JUAN, PR 00910

ADA M. CONDE, ESQ.  
1611 LAW AND JUSTICE FOR ALL, INC.  
PO BOX 11674  
SAN JUAN, PR 00908-3268

CARLA VANESSA CASTRO MD  
37 BELLA VISTA GARDENS  
MAYAGUEZ, PR 00680

EFRAIN DIAZ CARRASQUILLO M  
PMB 168 BOX 144100  
ARECIBO, PR 00614

ADMIRAL INSURANCE  
MB&W BUILDING  
28000 CANNON RD  
BEDFORD, OH 44146

CARLOS QUINTANA SANTIAGO  
BO. ALGARROBO  
604 CARR 104  
MAYAGUEZ, PR 00682

EL SUPERMERCADO MEDICO IN  
CALLE SAN ANTONIO INT 10  
HORMIGUEROS, PR 00660

ADVANCE RADIOLOGY  
PO BOX 4129  
MAYAGUEZ, PR 00681

CARMEN TORRES FIGUEROA  
PO BOX 453  
AGUADA, PR 00602

ELEIDA MELENDEZ GALARZA  
HC-05 BOX 11037  
MOCA, PR 00676

AIREL LUIS TORRES RIVERA  
PO BOX 1415  
SABANA GRANDE, PR 00637

CLARO  
PO BOX 70366  
SAN JUAN, PR 00936-8366

ER PROFESSIONAL SERVICES C  
HC 03 BOX 30384  
AGUADILLA, PR 00603

ALLIED COMPUTER SERVICES INC.  
PO BOX 3320  
CAGUAS, PR 00726-3320

CLINICAL DIAGNOSTICS OF PR LLC  
PMB 590  
PO BOX 29029  
SAN JUAN, PR 00929

ERVIN SANTIAGO ALICEA  
HC 37 BOX 5495  
GUANICA, PR 00653

AMY SUAREZ CANCEL  
PO BOX 359  
HORMIGUEROS, PR 00660

DEPARTAMENTO DEL TRABAJO  
NEGOCIADO SEGURIDAD DE EMPLEO  
AVE. MUNOZ RIVERA 505  
SAN JUAN, PR 00919

F. BARAGANO INC  
PO BOX 364421  
SAN JUAN, PR 00931

BECKMAN COULTER PUERTO RICO INC  
PO BOX 742075  
ATLANTA, GA 30384

DIAGNOSTIC IMAGING SUPPLIES & SERVICES  
PO BOX 11923  
SAN JUAN, PR 00922

BY AIR CONDITIONING & AUTO  
CARR 2 KM 141.85  
BO. QUEBRADA LARGA  
ANASCO, PR 00610

BERNARDO MALAGA COLLAZO MD  
HC1 BOX 4539  
RINCON, PR 00677

DOCUMENT MANAGEMENT SOLUTIONS  
LA CUMBRE 273 SIERRA MORENA  
PMB 132  
SAN JUAN, PR 00926

GENTECH BIOMEDICAL INC  
PO BOX 192438  
SAN JUAN, PR 00919



GUMEDIC HOSPITAL SUPPLIES  
HC-7 BOX 25200  
MAYAGUEZ, PR 00680

KIARA DENISE NORIEGA SOTO  
HC 58 BOX 13584  
BO. ATAYALA  
AGUADA, PR 00602

LCDA MARIA DEL C GITANY AL  
PO BOX 3898  
MAYAGUEZ, PR 00681-3898

HENRY SUAREZ RAMOS P/C  
LCDO EITON ARROYO MUNIZ  
00681

KRK MEDICAL  
PO BOX 367391  
SAN JUAN, PR 00936

LCDO ALEJANDRO J FERNANDEZ  
PO BOX 29314  
SAN JUAN, PR 00929

HIRAM SANTANA BONET  
REPARTO UNIVERSIDAD  
CALLE 8 E1  
SAN GERMAN, PR 00683

LAB CARE INSTRUMENTS CORP  
PMB 738  
WINSTON CHURCHILL AVE 138  
SAN JUAN, PR 00928

LCDO EITON ARROYO MUNIZ  
153 CALLE ERINQUE VAZQUEZ B  
MAYAGUEZ, PR 00681

HOSPIRA PUERTO RICO LLC  
PO BOX 71365  
SAN JUAN, PR 00936

LABORATORIO CLINICO TOLEDO, INC.  
51 CALLE PALMA  
ARECIBO, PR 00612

LEASE OPTION COMPANY INC.  
PO BOX 40851  
SAN JUAN, PR 00940

IMAGE FIRST  
PO BOX 371325  
CAYEY, PR 00737

LABORATORIO M LANDRON  
CALLE JJ ACOSTA 46  
VEGA BAJA, PR 00693

LISMARY TORRES RODRIGUEZ  
URB. ALTURAS DE YAUCO  
M21 CALLE 7  
YAUCO, PR 00698

IVETTE ROSADO ORTEGA  
URB LA CONCEPCION  
B-7 CALLE ATOCHA  
GUAYANILLA, PR 00656

LABTECH SOLUTIONS CORP  
STREET 11 URB MONTE CARLO  
NUM. 1290  
SAN JUAN, PR 00924

LIZMARIE VEGA CHAPARRO  
RR 01 BOX 2396  
ANASCO, PR 00610

JAQUELINE CRESPO ARROYO  
PO BOX 2097  
ANASCO, PR 00610

LCDA DAMARIS QUINONES VARGAS  
PO BOX 429  
CABO ROJO, PR 00623

LUIS LUGO VELEZ MD  
PO BOX 712  
MERCEDITA, PR 00715

JORGE L OTERO TORRES  
URB. JARDINES DEL CARIBE  
CALLE 1 #108  
PONCE, PR 00728

LCDA JULIETTE DONATO BOFILL  
PBM 375  
1353 AVE LUIS VIGOREAUX  
GUAYNABO, PR 00966-2715

LUZ N RODRIGUEZ MERCADO M  
HC 02 6216  
GUAYANILLA, PR 00656

KELVIN MARTEL GONZALEZ  
PO BOX 937  
ANASCO, PR 00610

LCDA LOURDES GANDARILLA TRABAL MAN SCIENCES GROUP  
DPT TRABAJO EDIF PRUDENCIO MARTINEZ BOX 3876  
AVE MUNOZ RIVERA 505  
SAN JUAN, PR 00908

CAROLINA, PR 00984

MEDICAL & VACCINE PRODUCTS INC  
DBA DE VICTORIA MEDICAL  
PO BOX 7468  
CAGUAS, PR 00726

PEDRO J ALMODOVAR VEGA  
HALPER STEAK  
2412 SAND LAKE RD  
ORLANDO, FL 32809

UMECO, INC.  
PO BOX 195536  
SAN JUAN, PR 00919

MEDICAL BIOTRONICS, INC.  
PO BOX 2952  
BAYAMON, PR 00957

PHARMA MEDICAL DISTRIBUTORS CORP  
PO BOX 2087  
COAMO, PR 00769

UNIVERSAL CARE CORP  
PO BOX 1051  
SABANA SECA, PR 00952

MEDIX CORP  
PO BOX 363  
MERCEDITA, PR 00715

POPULAR AUTO  
PO BOX 366818  
SAN JUAN, PR 00936-6818

VANESSA MERCADO ORTIZ  
54 CALLEJON SIMPSON  
SAN GERMAN, PR 00683

MIRTA CAMACHO PACHECO  
HC 04 BOX 11725  
YAUCO, PR 00698

RICARDO MACHADO TORRES MD  
PO BOX 619  
ANASCO, PR 00610

WATCHES4U  
CALLE 65 DE INFATERIA  
SECTOR PUEBLO NUEVO  
SABANA GRANDE, PR 00637

MULTI GASES PR  
PO BOX 1153  
CAMUY, PR 00627

ROSABEL QUNONES PINA MD  
URB. EL PEDREGAL  
CALLE CUARZO G-53  
SAN GERMAN, PR 00683

WESTERN PAPER  
PO BOX 3996  
AGUADILLA, PR 00605

MUNICIPIO DE ANASCO  
PO BOX 1385  
ANASCO, PR 00610-1385

S & R MEDICAL WATE DISPOSAL INC  
COM LAS FLORES  
CALLE MARGARITA BXN 9  
AGUADA, PR 00602

YAMILETTE VELEZ GONZALEZ M  
BO BALBOA  
ARENAL 21  
MAYAGUEZ, PR 00682

NYPRO MEDICAL OF PR  
PO BOX 810263  
CAROLINA, PR 00983

SABIAMED  
PO BOX 6150  
CAGUAS, PR 00726

ZYZON LABORATORY SUPPLIES  
PO BOX 2081  
AGUADA, PR 00602

OLGA J MARTINEZ AMOROS  
15 ERLICH COURT  
LAJAS, PR 00667

SUR COPY INC  
EXTE SANTA TERESITA  
AVE EMILIO FAGOT 3237  
PONCE, PR 00730-4642

PEDRO HERNANDEZ VALENTIN  
CALLE FAMBOYAN 128  
ENSENADA, PR 00647

TORCOS  
CHEMICAL & JANITORIAL SUPPLIES  
PO BOX 29708  
SAN JUAN, PR 00929

**United States Bankruptcy Court  
District of Puerto Rico**

In re **COLONIAL MEDICAL MANAGEMENT CORP**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **COLONIAL MEDICAL MANAGEMENT CORP** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**November 21, 2017**

Date

**/s/ ADA M. CONDE, ESQ.**

**ADA M. CONDE, ESQ.**

Signature of Attorney or Litigant

Counsel for **COLONIAL MEDICAL MANAGEMENT CORP**

**1611 Law and Justice for All, Inc.**

**PO Box 11674**

**San Juan, PR 00908-3268**